

**Chief Executive Officer** 

Title

Patent Application: 10/077,922 **Confirmation Number: 6499** 

Attorney Reference: 1008 006 318 0201

STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Jeffrey L. Helfer Application No.: 10/077,922 Filed: 02/19/2002 AN ELECTROMAGNETIC INTERFERENCE IMMUNE TISSUE INVASIVE SYSTEM Biophan Technologies, Inc., a corporation, (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. \( \square\) the assignee of the entire right, title, and interest; or 2. 

an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012987, Frame 0592 or for which a copy thereof is attached. OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: 1. From: The document was recorded in the United States Patent and Trademark Office at \_, or for which a copy thereof is attached. Reel \_\_\_\_\_, Frame \_\_\_\_\_ 2. From: \_ The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. 3. From: The document was recorded in the United States Patent and Trademark Office at Reel , Frame , or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.081 The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Signature John F. Lanzafame (585) 267-4800 Printed or Typed Name Telephone Number



Patent Application: 10/077,922 Confirmation Number: 6499 Attorney Reference: 1008 006 318 0201

## **PATENT - POWER OF ATTORNEY AND**

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| 7,010,357                              |
| 03/07/2006                             |
| Jeffrey L. Helfer                      |
| AN ELECTROMAGNETIC INTERFERENCE IMMUNE |
| 1008 006 318 0201                      |
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| CORRESPONDENCE ADDR                                                                                                                                                                                    | Inver          | ntor              | Jeffrey L.       | Helfer                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|------------------|-----------------------------|--|
| INDICATION FORM                                                                                                                                                                                        |                |                   |                  | TROMAGNETIC<br>RENCE IMMUNE |  |
|                                                                                                                                                                                                        | Attor<br>Num   | ney Docket<br>ber | 1008 006         | _                           |  |
| I hereby revoke all previous powers of attorney given in the above-identified application.                                                                                                             |                |                   |                  |                             |  |
| I hereby appoint:                                                                                                                                                                                      |                |                   |                  |                             |  |
| Practitioners associated with the Cus                                                                                                                                                                  | stomer Number: |                   | •                |                             |  |
| OR                                                                                                                                                                                                     |                |                   |                  |                             |  |
| ☐ Practitioner(s) named below:                                                                                                                                                                         |                |                   |                  |                             |  |
| Name                                                                                                                                                                                                   |                | R                 | egistration Numb | per                         |  |
|                                                                                                                                                                                                        |                |                   |                  |                             |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                    |                |                   |                  |                             |  |
| ☑ Please recognize or change the correspondence address for the above-identified application to:                                                                                                       |                |                   |                  |                             |  |
| The address associated with Customer Number:                                                                                                                                                           |                |                   |                  |                             |  |
| Firm Biophan Technologies                                                                                                                                                                              | , Inc.         |                   | <del>-</del>     | <del></del>                 |  |
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| _                                                                                                                                                                                                      |                |                   |                  |                             |  |
| ☐ Applicant/Inventor.                                                                                                                                                                                  |                |                   |                  |                             |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed.                                                                                               |                |                   |                  |                             |  |
| SIGNATURE of Applicant or Assignee of Record                                                                                                                                                           |                |                   |                  |                             |  |
| Signature Ph                                                                                                                                                                                           | 1 min C        | EO                | Date 2           | 11/09                       |  |
| Name John F.                                                                                                                                                                                           | Lanzafame      |                   | Telephone (      | 585) 267-4800               |  |
| Title and Company CEΘ, Biophan Technologies, Inc.                                                                                                                                                      |                |                   |                  |                             |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                |                   |                  |                             |  |
| *Total of forms are                                                                                                                                                                                    | submitted.     |                   |                  |                             |  |
|                                                                                                                                                                                                        |                |                   |                  |                             |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.